Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 ES MUINES, 17. Fax: (515)281-3704 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIF	FT, BEQUEST, OR GRANT:	010 A	Mary Mary Mary Mary Lat
Governor's Office		ž	
Name of Department or Office 1007 E. Grand	Des Moines, Idwa 50319	9	_
Mailing Address 515/281-5211	City, State, Zip Code	PM	
Area Code & Telephone No.		2	727
CONTACT PERSON FOR RECIPIENT DEPARTM	IENT OR OFFICE:	-	- 22 201
James C. Larew			1-44 11 11
Name			_
Mailing Address (if different from above)	City, State, Zip (if different from above)		_
Email Address	Area Code & Telephone Number (if different fr	rom above)	_

DONOR OF GIFT, BEQUEST, OR GRANT:

lowa Workers' Compens	ation Advisory Committee, Inc.
Name	
P.O. Box 7032	Des Moines, IA 50309
lailing Address	City, State, Zip Code
a Code & Telephone Num	ber
Email Address (optional)	

Provide a description of the gift, bequest, or grant and purpose thereof:

Gift from the Iowa Workers' Compensation Advisory Committee, Inc. in the amount of \$5,000.00. This gift is to be used to cover the travel expenses of Assistant lowa Workers' Compensation Commissioner and a Deputy Workers' Compensation Commissioner to attend the International Association of Industrial Accident Boards and Commissions (IAIABC) All Committee Conference in Nashville, Tennessee.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

James C. Larew affigure that the gift, bequest, or gr	ant reported above is accurate. I further affirm that the information concerning the
donor and assessment of the fair market value (if applicable) is continued to the fair market value (i	prrect and true to the best of my knowledge.
116/	
X William	A 11 15
C Junio	4-16-10
Signature	Date